

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Society of Plastic Surgeons Plastypac

ADDRESS (number and street) ▼

444 E Algonquin Rd

☐ Check if different than previously reported. (ACC)

Arlington Heights

IL

60005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00249342

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☒ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

07

01

2015

12

31

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard J. Greco MD

Signature of Treasurer

Richard J. Greco MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

01

21

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Society of Plastic Surgeons Plastypac

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y 12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 2015		<span style="border: 1px solid black; padding: 2px;">33493.18</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">117614.43</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">41092.65</span>	<span style="border: 1px solid black; padding: 2px;">141799.67</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">158707.08</span>	<span style="border: 1px solid black; padding: 2px;">175292.85</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">26756.17</span>	<span style="border: 1px solid black; padding: 2px;">43341.94</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">131950.91</span>	<span style="border: 1px solid black; padding: 2px;">131950.91</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Society of Plastic Surgeons Plastypac

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
07 / 01 / 2015

To:

M M / D D / Y Y Y Y Y  
12 / 31 / 2015
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

38602.65

124959.99

(ii) Unitemized .....

2490.00

16839.68

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

41092.65

141799.67

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

41092.65

141799.67

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

41092.65

141799.67

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

41092.65

141799.67

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2256.17	4341.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2256.17	4341.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24500.00	39000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	26756.17	43341.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26756.17	43341.94

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	41092.65	141799.67
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	41092.65	141799.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	2256.17	4341.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	2256.17	4341.94

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 49  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Gordon K. Lee MD**

Mailing Address 176 Tennyson Ave

City State Zip Code  
Palo Alto CA 94301-3738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stanford University School of Medicine

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2015

**Transaction ID : A94B6AFDABD284E889DC**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Gregory D. Pearson MD**

Mailing Address 2027 Wyandotte Rd

City State Zip Code  
Columbus OH 43212-1037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2015

**Transaction ID : ACCC59FBE8BC644DE934**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Francis W. Rieger MD**

Mailing Address 4610 W Bay To Bay Blvd

City State Zip Code  
Tampa FL 33629-7601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 09 / 2015

**Transaction ID : AAF15131DF5E84F1FBED**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

950.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Michael A Epstein MD**

Mailing Address 26 Timber Ln

City State Zip Code  
 Northbrook IL 60062-3716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 09 / 2015

**Transaction ID : AD34FFC45C1D64877868**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Debra J. Johnson MD**

Mailing Address 3500 Cutter Way

City State Zip Code  
 Sacramento CA 95818-4442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

The Plastic Surgery Center

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2015

**Transaction ID : A3B985B7C8D9544BABB1**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Mr. Scot Bradley Glasberg MD, FACS**

Mailing Address 900 Park Ave  
 Apt 19AB

City State Zip Code  
 New York NY 10075-0231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

07 / 11 / 2015

**Transaction ID : ADF957AA20CD64BD3A1E**

Amount of Each Receipt this Period

90.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1190.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. William H. Huffaker MD**

Mailing Address 134 Pinehurst Estates Dr

City

Saint Louis

State

MO

Zip Code

63141-8041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Louis Cosmetic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

**Transaction ID : A0115915E6AAD4695B73**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. R. Bruce Shack MD**

Mailing Address 6000 Belle Rive Dr

City

Brentwood

State

TN

Zip Code

37027-5718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vanderbilt Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	5

**Transaction ID : A066B288909864F5BA14**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. William A. Wallace MD, FACS**Mailing Address 916 Alameda Ln  
916 Alameda Lane

City

St Johns

State

FL

Zip Code

32259

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coastal Cosmetic Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	5

**Transaction ID : A2E841D8DD9A54E8D9CE**

Amount of Each Receipt this Period

84.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

834.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 49

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Lynn A. Damitz MD**

Mailing Address 4917 Mill Hill Ln

City

Chapel Hill

State

NC

Zip Code

27517-7447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNC Div of Plastic &amp; Recon Surgery

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

640.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	5

**Transaction ID : A333B9D69968D475AB23**

Amount of Each Receipt this Period

91.50

Full Name (Last, First, Middle Initial)

**B. Theodore A. Calianos MD**

Mailing Address 151 Whitmar Rd

City

Cotuit

State

MA

Zip Code

02635-2931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	5

**Transaction ID : A9CA1C631CB244FD1ACF**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. William M. Kuzon MD, PhD**Mailing Address 4665 Fox Sedge Ct  
# 4665

City

Dexter

State

MI

Zip Code

48130-9373

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Michigan - Plastic Surge

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	5

**Transaction ID : A8330177644354F3EA4C**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

233.17

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Josef G. Hadeed MD**

Mailing Address 13700 Marina Pointe Dr  
Unit 604

City State Zip Code  
Marina Del Rey CA 90292-9260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 23 / 2015

**Transaction ID : A7EB627DE21B14E669B8**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr. Lynn L. C. Jeffers MD**

Mailing Address 1700 N Rose Ave  
Ste 135

City State Zip Code  
Oxnard CA 93030-7301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : A033058A74AB94DA8A00**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Douglas G. Bolitho MD PhD FAC**

Mailing Address 501 Pine Needles Dr

City State Zip Code  
Del Mar CA 92014-3333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 28 / 2015

**Transaction ID : A96DE0F8540184B12A17**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Beth A. Preminger MD**

Mailing Address 435 E 70th St  
Apt 24K

City State Zip Code  
New York NY 10021-0519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

07 / 28 / 2015

**Transaction ID : A054788A7A6814527965**

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

**B. Peter T. Hetzler MD**

Mailing Address 8 Elm Ln  
8 Elm Lane

City State Zip Code  
Rumson NJ 07760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 31 / 2015

**Transaction ID : A0B61DC1E0C124CE882B**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**c. Paul J. LoVerme MD, FACS**

Mailing Address 3 Brook Ridge Ct

City State Zip Code  
Cedar Grove NJ 07009-1641

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 31 / 2015

**Transaction ID : ABF46FC1DD53C453AAD9**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

417.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Debra J. Johnson MD**

Mailing Address 3500 Cutter Way

City

Sacramento

State

CA

Zip Code

95818-4442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Plastic Surgery Center

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 11 / 2015

Transaction ID : A124B284B9748404F947

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mr. Scot Bradley Glasberg MD, FACS**

Mailing Address 900 Park Ave  
Apt 19AB

City

New York

State

NY

Zip Code

10075-0231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

720.00

Date of Receipt

08 / 11 / 2015

Transaction ID : A412E0656CA36451C983

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

**C. Paul J. LoVerme MD, FACS**

Mailing Address 3 Brook Ridge Ct

City

Cedar Grove

State

NJ

Zip Code

07009-1641

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 13 / 2015

Transaction ID : A149B6BACCADF4CB7BF1

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

240.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Brendan E. Smith MD**

Mailing Address 74 Buck Island Rd

74 Buck Island Road Apt 104

City

Bluffton

State

SC

Zip Code

29910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 13 / 2015

**Transaction ID : A6999C1C4291947B6BC2**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. William A. Wallace MD, FACS**

Mailing Address 916 Alameda Ln

916 Alameda Lane

City

St Johns

State

FL

Zip Code

32259

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coastal Cosmetic Center

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

672.00

Date of Receipt

08 / 17 / 2015

**Transaction ID : ACF7E9292CC8B4E05959**

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**c. Beth A. Preminger MD**

Mailing Address 435 E 70th St

Apt 24K

City

New York

State

NY

Zip Code

10021-0519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

668.00

Date of Receipt

08 / 18 / 2015

**Transaction ID : A3D1ADA37ECF143FFA59**

Amount of Each Receipt this Period

167.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

376.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 49

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Lynn A. Damitz MD**

Mailing Address 4917 Mill Hill Ln

City

Chapel Hill

State

NC

Zip Code

27517-7447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNC Div of Plastic &amp; Recon Surgery

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

732.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				2	0				2	0	1	5

**Transaction ID : AD1001317BC934075A3A**

Amount of Each Receipt this Period

91.50

Full Name (Last, First, Middle Initial)

**B. Gregory M. Swank MD**

Mailing Address 5141 Hurricane Hill Rd

City

Granite Falls

State

NC

Zip Code

28630-8384

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Piedmont Plastic Surgery &amp; Dermatology

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9				0	1				2	0	1

**Transaction ID : A21B1D6DF117C4003AAC**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. John A. Grossman MD**

Mailing Address 17 S Bellaire St

17 South Bellaire St

City

Denver

State

CO

Zip Code

80246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9				0	1				2	0	1

**Transaction ID : A9A0348505511400AB37**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1191.50

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 49

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Mr. Scot Bradley Glasberg MD, FACS**Mailing Address 900 Park Ave  
Apt 19AB

City	State	Zip Code
New York	NY	10075-0231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

**Transaction ID : AAF2D52C38F8445BCB25**

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

**B. Dr. Karol A. Gutowski MD, FACS**Mailing Address 1526 Kittyhawk Ln  
1526 Kittyhawk Lane

City	State	Zip Code
Glenview	IL	60026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

**Transaction ID : AF8752C6CD9E5471198C**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. William M. Kuzon MD, PhD**Mailing Address 4665 Fox Sedge Ct  
# 4665

City	State	Zip Code
Dexter	MI	48130-9373

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

University of Michigan - Plastic Surge

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

**Transaction ID : A3ADC966AF7004287826**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

990.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Debra J. Johnson MD**

Mailing Address 3500 Cutter Way

City State Zip Code  
 Sacramento CA 95818-4442

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 The Plastic Surgery Center Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 15 / 2015

**Transaction ID : AFB1A7BDD19D641C9BEE**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mark S Granick MD**

Mailing Address 6 Westmount Dr

City State Zip Code  
 Livingston NJ 07039-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 NJ Med Schl, Div / Plastic Surgery Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 15 / 2015

**Transaction ID : A908517B96ACA462C9CA**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Paul J. LoVerme MD, FACS**

Mailing Address 3 Brook Ridge Ct

City State Zip Code  
 Cedar Grove NJ 07009-1641

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Self Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 15 / 2015

**Transaction ID : A49256A4C161E405DA6B**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

650.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 49

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Loren S. Schechter MD**

Mailing Address 1166 Sheridan Rd

City

Highland Park

State

IL

Zip Code

60035-4119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

**Transaction ID : AF3DC0B3FC1FE4C18BF0**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Justin M Sacks MD**

Mailing Address 1312 Westellen Rd

City

Towson

State

MD

Zip Code

21286-1338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

**Transaction ID : A91161BC145644D5E9BF**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Beth A. Preminger MD**Mailing Address 435 E 70th St  
Apt 24K

City

New York

State

NY

Zip Code

10021-0519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

835.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

**Transaction ID : A344B31B4BD8249B7805**

Amount of Each Receipt this Period

167.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

3167.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 49

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Joseph E. Losee MD**

Mailing Address 5021 Castleman St

City

Pittsburgh

State

PA

Zip Code

15232-2106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Hospital of Pittsburgh of U

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	1	5		

Transaction ID : A94E658BC90D74C60845

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Lynn A. Damitz MD**

Mailing Address 4917 Mill Hill Ln

City

Chapel Hill

State

NC

Zip Code

27517-7447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNC Div of Plastic &amp; Recon Surgery

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

815.33

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	1	5		

Transaction ID : ABF23CD8CCC014A2C888

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Jennifer E Boll MD**Mailing Address 6503 E Malcomb Dr  
6503 E. Malcomb Drive

City

Paradise Valley

State

AZ

Zip Code

85253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	5			2	0	1	5		

Transaction ID : AE8D5FF4C04DE4426A76

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

1433.33

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Steven M. Zoellner MD**Mailing Address 20 Memorial Dr  
Ste ACity State Zip Code  
Pinehurst NC 28374-8707FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 05 2015**Transaction ID : A45D9547302744F3F9F7**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Scot Bradley Glasberg MD, FACS**Mailing Address 900 Park Ave  
Apt 19ABCity State Zip Code  
New York NY 10075-0231FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 05 2015**Transaction ID : A18B7880F347C47F5BB4**

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

**C. Paul B. Mills MD**Mailing Address 324 Chasselle Ln  
324 Chasselle LaneCity State Zip Code  
Creve Coeur MO 63141FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Renaissance Plastic Surgery

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 07 2015**Transaction ID : A1F98D736FA2A493C972**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

690.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Victoria L. Vastine MD, FACS**

Mailing Address 2222 Brandywine Dr

City

Charlottesville

State

VA

Zip Code

22901-2907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 07 / 2015

**Transaction ID : AEAE2A4521C3E4F82956**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Brian Kobienia MD**

Mailing Address 6535 Bissen Cir

City

Hopkins

State

MN

Zip Code

55343-8501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 13 / 2015

**Transaction ID : A328486C913984292A7E**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Simeon H. Wall Jr., MD**

Mailing Address 753 Hazelwood Dr

City

Shreveport

State

LA

Zip Code

71106-7213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 13 / 2015

**Transaction ID : A6CD040B47E164E999BF**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons Plastypac

Full Name (Last, First, Middle Initial)

**A. Michael J Klebuc MD**Mailing Address 11115 Wickwood Dr  
11115 Wickwood Drive

City	State	Zip Code
Houston	TX	77024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	13	/	2015

Transaction ID : AA965C43BF0C044D8AD0

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Heather J. Furnas MD**

Mailing Address 3981 Skyfarm Dr

City	State	Zip Code
Santa Rosa	CA	95403-0935

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	13	/	2015

Transaction ID : AA39D9F3D8B564B48BF8

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Paul J. LoVerme MD, FACS**

Mailing Address 3 Brook Ridge Ct

City	State	Zip Code
Cedar Grove	NJ	07009-1641

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	14	/	2015

Transaction ID : A051F2E3D357D4DAEB21

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

2415.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Malcolm Z. Roth MD**

Mailing Address 10 Claire Cmn

10 Claire Common

City

Slingerlands

State

NY

Zip Code

12159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Albany Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2015

**Transaction ID : AB1753F8C0D2C4487AB7**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Leonard A. Roudner MD**

Mailing Address 14 S Hibiscus Dr

City

Miami Beach

State

FL

Zip Code

33139-5128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2015

**Transaction ID : A8C5BEB699A2A46B6B3C**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. David L. Abramson MD**

Mailing Address PO Box 636

City

Alpine

State

NJ

Zip Code

07620-0636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2015

**Transaction ID : AE8E79A3FA00349FFB0C**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 49

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons Plastypac

Full Name (Last, First, Middle Initial)

A. William J McClure MD

Mailing Address 3500 Hagen Rd

City	State	Zip Code
Napa	CA	94558-3862

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2015

Transaction ID : A08FB74248E0B4F68B7A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William H. Huffaker MD

Mailing Address 134 Pinehurst Estates Dr

City	State	Zip Code
Saint Louis	MO	63141-8041

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

St. Louis Cosmetic Surgery

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2015

Transaction ID : A6E6A137166974075A73

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Debra J. Johnson MD

Mailing Address 3500 Cutter Way

City	State	Zip Code
Sacramento	CA	95818-4442

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

The Plastic Surgery Center

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2015

Transaction ID : A6C4A84CBBF684333AF6

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Rod J. Rohrich MD, FACS**

Mailing Address 9815 Rockbrook Dr

City State Zip Code  
 Dallas TX 75220-2040

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Dept. of Plastic Surgery Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 18 2015

Transaction ID : A1E44F7EA876D4F67B07

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jane S Weston MD**

Mailing Address 529 Lakemead Way

City State Zip Code  
 Emerald Hills CA 94062-3918

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Self Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 18 2015

Transaction ID : AB1092ED1841C4354B75

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Anureet K. Bajaj MD**

Mailing Address 1412 Canterbury Pl

City State Zip Code  
 Nichols Hills OK 73116-5537

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Self Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 18 2015

Transaction ID : AFCA3EF0BA12A41C1A8B

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 49

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons Plastypac

Full Name (Last, First, Middle Initial)

**A. Jerome S. Weiskopf MD**

Mailing Address 11127 Abbotsford Pl

City

Belvidere

State

IL

Zip Code

61008-8169

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2015

Transaction ID : A22F36D23D8FD459E9FE

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. George M. Varkarakis MD**Mailing Address 901 Brickell Key Blvd  
Apt 3107

City

Miami

State

FL

Zip Code

33131-3514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2015

Transaction ID : A9CE9A59286C74D81950

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Brannon Claytor MD**Mailing Address 750 S Warren Ave  
750 South Warren Ave

City

Malvern

State

PA

Zip Code

19355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Atlantic Plastic Surgery Associates

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2015

Transaction ID : A457135398C1B4615980

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1650.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 49

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Mary Ann Contogiannis MD**

Mailing Address 2800 Saint Regis Rd

City

Greensboro

State

NC

Zip Code

27408-4314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2015			

Transaction ID : AECC501697F824E63B72

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Thomas G. Crabtree MD**Mailing Address 810H N Kalaheo Ave  
Apt H

City

Kailua

State

HI

Zip Code

96734-1912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2015			

Transaction ID : ACE2D98EC44574B0C987

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Mr. Gary A. Smotrich MD**Mailing Address 4 Grace Hill Ct  
4 Grace Hill Court

City

Titusville

State

NJ

Zip Code

08560

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lawrenceville Plastic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2015			

Transaction ID : A216C409964894BFB945

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Beth A. Preminger MD**

Mailing Address 435 E 70th St  
Apt 24K

City State Zip Code  
New York NY 10021-0519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1002.00

Date of Receipt

10 / 18 / 2015

**Transaction ID : A3598E2ACCEd64678BD2**

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

**B. Michael D. Costelloe**

Mailing Address 444 E Algonquin Rd  
444 E. Algonquin Road

City State Zip Code  
Arlington Heights IL 60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Society of Plastic Surgeons

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 19 / 2015

**Transaction ID : AF9A10BB920A14C88BB0**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Elizabeth Peterson MD**

Mailing Address PO Box 8168

City State Zip Code  
Spokane WA 99203-0168

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 19 / 2015

**Transaction ID : ADDF46D802D3D47B59FF**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1517.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 49

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons Plastypac

Full Name (Last, First, Middle Initial)

**A. Devinder Singh MD**Mailing Address 717 President St  
Unit 505

City	State	Zip Code
Baltimore	MD	21202-4558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

Transaction ID : A11079C829FFB40FB8B5

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Raj Ambay MD**

Mailing Address 706 Berrocales De Avila

City	State	Zip Code
Tampa	FL	33613-1098

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

Transaction ID : A3CA9BFCAD63941018DB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Babak J. Mehrara MD**Mailing Address 210 E 68th St  
Apt 6G

City	State	Zip Code
New York	NY	10065-6019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

Transaction ID : A1CCFE94F1DAB422F96E

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1100.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Negin Noorchashm Griffith MD, FACS**

Mailing Address 2 Western Dr

City	State	Zip Code
Colts Neck	NJ	07722-1271

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2015			

**Transaction ID : A8C8BF27D9D7743AB82B**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Somprasong Songcharoen MD**

Mailing Address 2 Deerfield Dr

City	State	Zip Code
Madison	MS	39110-9749

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2015			

**Transaction ID : A179610D909BB42EB940**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Hoang Bui MD**

Mailing Address 2539 N Promontory Way

City	State	Zip Code
Orange	CA	92867-6489

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2015			

**Transaction ID : A29C06BBB6C1A4709812**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

950.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Brian H. Slywka MD**

Mailing Address 531 Oakhampton St

City

Thousand Oaks

State

CA

Zip Code

91361-1344

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

**Transaction ID : A60B89D5FC38F412BB00**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Lynn A. Damitz MD**

Mailing Address 4917 Mill Hill Ln

City

Chapel Hill

State

NC

Zip Code

27517-7447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNC Div of Plastic &amp; Recon Surgery

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

898.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

**Transaction ID : AFFA7A0181C08417D8AD**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**c. Theodore A. Calianos MD**

Mailing Address 151 Whitmar Rd

City

Cotuit

State

MA

Zip Code

02635-2931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2015

**Transaction ID : A4D3F46BDCB194B6987D**

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

424.99

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 49

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons Plastypac

Full Name (Last, First, Middle Initial)

**A. John W. Bass MD**

Mailing Address 3701 E Dunlap Ave

City

Phoenix

State

AZ

Zip Code

85028-5043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			28			2015					

Transaction ID : AE24A5688AC0D4679990

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Andrea L. Pusic MD, Mhs, F**Mailing Address 535 W 110th St  
Apt 8C

City

New York

State

NY

Zip Code

10025-2025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Plastic &amp; Reconstructive Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			28			2015					

Transaction ID : A374C85A79204443FBF7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Ash K. Bhattacharya MD**

Mailing Address 268 Pin Oak Rd

City

Freehold

State

NJ

Zip Code

07728-9323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Plastic Surgery Plus

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			02			2015					

Transaction ID : A9889EEE858E042888C7

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Peter H. Grossman MD**

Mailing Address 25163 Jim Bridger Rd  
25163 Jim Bridger Road

City State Zip Code  
Hidden Hills CA 91302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 02 / 2015

**Transaction ID : A4852BFDB43804A13B0A**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Valerie J Ablaza MD**

Mailing Address 10 Luth Ter  
10 Luth Terrace

City State Zip Code  
West Orange NJ 07052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 02 / 2015

**Transaction ID : A0CD42881CB644109A16**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. John A. Grossman MD**

Mailing Address 17 S Bellaire St  
17 South Bellaire St

City State Zip Code  
Denver CO 80246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 03 / 2015

**Transaction ID : A4CD3C08E537A4D0C8DC**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 49

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons Plastypac

Full Name (Last, First, Middle Initial)

**A. Mr. Scot Bradley Glasberg MD, FACS**Mailing Address 900 Park Ave  
Apt 19AB

City	State	Zip Code
New York	NY	10075-0231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	05	/	2015

Transaction ID : A2816AD4455DF4AE7AA0

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

**B. Bruce B. Baker MD**Mailing Address 799 M Way  
799 M Way

City	State	Zip Code
Salado	TX	76571

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : A1695211FDB3A41B7985

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Charles N. Verheyden MD, PhD, F**

Mailing Address 2271 River Ranch Rd

City	State	Zip Code
Temple	TX	76502-4203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Scott &amp; White Clinic

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	12	/	2015

Transaction ID : A2DB821BFCE0E470B921

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1090.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 34 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Paul J. LoVerme MD, FACS**

Mailing Address 3 Brook Ridge Ct

City

Cedar Grove

State

NJ

Zip Code

07009-1641

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	6		2	0	1	5		

**Transaction ID : A36838F1C23AF48F4A18**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Debra J. Johnson MD**

Mailing Address 3500 Cutter Way

City

Sacramento

State

CA

Zip Code

95818-4442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Plastic Surgery Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	6		2	0	1	5		

**Transaction ID : A009EE2C823C84211A3D**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Theodore A. Calianos MD**

Mailing Address 151 Whitmar Rd

City

Cotuit

State

MA

Zip Code

02635-2931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	1	5		

**Transaction ID : AEA0D5B500AB641A1A17**

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

191.66

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

## **A. Mr. Scot Bradley Glasberg MD, FACS**

Mailing Address 900 Park Ave  
Apt 19AB

City State Zip Code  
New York NY 10075-0231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 03 / 2015

**Transaction ID : A8DC83D501EDE42C48FE**

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

## **B. Benjamin Boudreaux MD**

Mailing Address 209 Chateau De Brie

City State Zip Code  
Mandeville LA 70471-8510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

**Transaction ID : A4A23CA6F90F948FDB75**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Ziv Mani Peled MD**

Mailing Address 4 Heron Dr  
Apt 3

City State Zip Code  
Mill Valley CA 94941-3263

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2015

**Transaction ID : A5D572EC0C8F24E08823**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

840.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 36 OF 49

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons Plastypac

Full Name (Last, First, Middle Initial)

**A. Keith Hume**

Mailing Address 444 E Algonquin Rd

444 E. Algonquin Road

City

Arlington Hts.

State

IL

Zip Code

60005-4654

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASPS Executive Office

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2015			

Transaction ID : A8BACB4668A4E4BFC9C5

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Judith B. Zacher MD**

Mailing Address 46212 Cypress Estates Ct

# 46212

City

Palm Desert

State

CA

Zip Code

92260-6170

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2015			

Transaction ID : A3EFBDE3DD09B476DA6B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Kaveh Alizadeh MD, Msc, F**

Mailing Address 120 E 87th St

Apt P4B

City

New York

State

NY

Zip Code

10128-1117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cosmo Plastic Surgery, Kaveh Alizadeh,

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2015			

Transaction ID : AFFDCBB407165424E85C

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons Plastypac

Full Name (Last, First, Middle Initial)

**A. Thomas B Lintner MD**

Mailing Address 635 Tabbystone St NW

City	State	Zip Code
Marietta	GA	30064-1379

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : A8F734D369A154E09B35

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Lisa R. David MD**

Mailing Address 180 Arnold Palmer Dr

City	State	Zip Code
Advance	NC	27006-7310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Wake Forest Univ. Baptist Medical Cntr

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : AF655D78622FD4A39AF9

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Paul J. LoVerme MD, FACS**

Mailing Address 3 Brook Ridge Ct

City	State	Zip Code
Cedar Grove	NJ	07009-1641

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2015

Transaction ID : A411A4679D3E54123A06

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

700.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 49

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Debra J. Johnson MD**

Mailing Address 3500 Cutter Way

City

Sacramento

State

CA

Zip Code

95818-4442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Plastic Surgery Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

**Transaction ID : A91D5C557E083498282A**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Daryl K Hoffman MD**Mailing Address 805 El Camino Real  
Ste A

City

Palo Alto

State

CA

Zip Code

94301-2315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2015			

**Transaction ID : AF8753A1102A84FA3819**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Reza Momeni MD**

Mailing Address PO Box 7

City

Summit

State

NJ

Zip Code

07902-0007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2015			

**Transaction ID : A0158EEE7E8874ED9B6E**

Amount of Each Receipt this Period

362.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

962.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 49

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Kinga E Styperek-Grohmann MD**

Mailing Address 52 Country Rd S

City

Boynton Beach

State

FL

Zip Code

33436-5612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		2	2		2	0	1	5		

**Transaction ID : AEA9C81B536B0456E9FF**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Michael F. Bohley MD**

Mailing Address PO Box 4045

City

Tualatin

State

OR

Zip Code

97062-4045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		2	2		2	0	1	5		

**Transaction ID : A24584AD1C6D6459EA7B**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Charles E. Hollingsworth MD**Mailing Address 5420 Medical Parkway Dr  
5420 Medical Parkway

City

Texarkana

State

TX

Zip Code

75503-4314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		2	2		2	0	1	5		

**Transaction ID : AD4143365CC3C49C4906**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1100.00

**TOTAL** This Period (last page this line number only)..... ►

38602.65

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Society of Plastic Surgeons Plastypac

Category/  
Type

555.42

State:  District:

07 / 31 / 2015

Category/  
Type

35.65

State:  District:

Category/  
Type

9.40

State:  District:

600.47



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. JP Morgan Chase**

Mailing Address 1201 S Milwaukee Ave

City Libertyville      State IL      Zip Code 60048-3737

Purpose of Disbursement  
JP Morgan Chase Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2015
**Transaction ID : B25972FCE2BD544FEA5E**

Amount of Each Disbursement this Period

176.70

Full Name (Last, First, Middle Initial)

**B. JP Morgan Chase**

Mailing Address 1201 S Milwaukee Ave

City Libertyville      State IL      Zip Code 60048-3737

Purpose of Disbursement  
American Express Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2015
**Transaction ID : B4595DD6E926C446B9EA**

Amount of Each Disbursement this Period

23.85

Full Name (Last, First, Middle Initial)

**C. JP Morgan Chase**

Mailing Address 1201 S Milwaukee Ave

City Libertyville      State IL      Zip Code 60048-3737

Purpose of Disbursement  
CC.com Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2015
**Transaction ID : B422AF34F8EB74C438C1**

Amount of Each Disbursement this Period

17.10

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

217.65

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Society of Plastic Surgeons Plastypac

Category/  
Type

81.58

Category/  
Type

144.50

Category/  
Type

55.34

281.42

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons Plastypac

Full Name (Last, First, Middle Initial)

**A. JP Morgan Chase**

Mailing Address 1201 S Milwaukee Ave

City Libertyville      State IL      Zip Code 60048-3737

Purpose of Disbursement  
Square Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2015

Transaction ID : B4B76D682234441FCA1E

Amount of Each Disbursement this Period

126.38

Full Name (Last, First, Middle Initial)

**B. JP Morgan Chase**

Mailing Address 1201 S Milwaukee Ave

City Libertyville      State IL      Zip Code 60048-3737

Purpose of Disbursement  
CC.com Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2015

Transaction ID : BDCDEB1640A55416C81D

Amount of Each Disbursement this Period

590.87

Full Name (Last, First, Middle Initial)

**C. JP Morgan Chase**

Mailing Address 1201 S Milwaukee Ave

City Libertyville      State IL      Zip Code 60048-3737

Purpose of Disbursement  
TransFirst Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2015

Transaction ID : BE6EA8623126049E5945

Amount of Each Disbursement this Period

9.40

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

726.65

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 49

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. JP Morgan Chase**

Mailing Address 1201 S Milwaukee Ave

City Libertyville      State IL      Zip Code 60048-3737

Purpose of Disbursement  
Square Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2015
**Transaction ID : BDD837A3EA6A041B6A16**

Amount of Each Disbursement this Period

68.75

Full Name (Last, First, Middle Initial)

**B. JP Morgan Chase**

Mailing Address 1201 S Milwaukee Ave

City Libertyville      State IL      Zip Code 60048-3737

Purpose of Disbursement  
CC.com Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2015
**Transaction ID : B43523BED12FA4CBEB07**

Amount of Each Disbursement this Period

105.75

Full Name (Last, First, Middle Initial)

**C. JP Morgan Chase**

Mailing Address 1201 S Milwaukee Ave

City Libertyville      State IL      Zip Code 60048-3737

Purpose of Disbursement  
JP Morgan Chase Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2015
**Transaction ID : B480732FF34A448D4851**

Amount of Each Disbursement this Period

54.90

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

229.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. JP Morgan Chase**

Mailing Address 1201 S Milwaukee Ave

City State Zip Code  
Libertyville IL 60048-3737
Purpose of Disbursement  
CC.com Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 31 2015
**Transaction ID : B4A99D9D2B0F346F2981**

Amount of Each Disbursement this Period

145.68

Full Name (Last, First, Middle Initial)

**B. JP Morgan Chase**

Mailing Address 1201 S Milwaukee Ave

City State Zip Code  
Libertyville IL 60048-3737
Purpose of Disbursement  
JP Morgan Chase Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 31 2015
**Transaction ID : BFCB3955DCA44410E831**

Amount of Each Disbursement this Period

54.90

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►

200.58

**TOTAL** This Period (last page this line number only)..... ►

2256.17

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. GENE GREEN CONGRESSIONAL CAMPAIGN**

Mailing Address PO BOX 16128

City  
HOUSTONState  
TXZip Code  
77222

Purpose of Disbursement

Candidate Name

**Rep. Gene Green**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2015

**Transaction ID : BE4E0AA88E1B54120A09**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. MORAN FOR KANSAS**

Mailing Address PO BOX 1151

City  
HAYSState  
KSZip Code  
67601-1151

Purpose of Disbursement

Candidate Name

**Sen. Jerry Moran**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2015

**Transaction ID : B87A4D47F76AC45D9963**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Cole for Congress**

Mailing Address PO Box 722256

City  
NormanState  
OKZip Code  
73070

Purpose of Disbursement

Candidate Name

**Rep. Tom J. Cole**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OK District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2015

**Transaction ID : B94867B44A2804F5BA00**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Lance for Congress**

Mailing Address PO Box 225

City	State	Zip Code
Colonia	NJ	07067

Purpose of Disbursement

Candidate Name

**Rep. Leonard Lance**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NJ District: 07

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2015

**Transaction ID : B9A5AD5B5F421441C82F**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Georgians for Isakson**

Mailing Address Post Office Box 250116

City	State	Zip Code
Atlanta	GA	30325

Purpose of Disbursement

Candidate Name

**Sen. Johnny Isakson**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: GA District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2015

**Transaction ID : B2701ED192BD44215A4B**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Upton for All of Us**

Mailing Address PO Box 490

City	State	Zip Code
St. Joseph	MI	49085

Purpose of Disbursement

Candidate Name

**Rep. Fred S. Upton**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MI District: 06

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2015

**Transaction ID : BDDFC6076D61B46DF9F1**

Amount of Each Disbursement this Period

2000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶

5000.00
---------

**TOTAL** This Period (last page this line number only).....▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. The Richard Burr Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2015

Mailing Address Post Office Box 5928

City	State	Zip Code
Winston-Salem	NC	27113

**Transaction ID : BC74B979E7C3847FC91D**

Purpose of Disbursement

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**Sen. Richard M. Burr**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District:

Full Name (Last, First, Middle Initial)

**B. Kirk for Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

Mailing Address PO Box 2594

City	State	Zip Code
Chicago	IL	60690

**Transaction ID : B124DD28221E84EA2B5E**

Purpose of Disbursement

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Sen. Mark S. Kirk**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL

District:

Full Name (Last, First, Middle Initial)

**C. BUDDY CARTER FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2015

Mailing Address 200 E ST JULIAN ST SUITE 603

City	State	Zip Code
SAVANNAH	GA	31401-2754

**Transaction ID : B00C75AAFA8EA48B08E9**

Purpose of Disbursement

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name

**Rep. Buddy Carter**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA

District: 01

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Price for Congress**

Mailing Address PO Box 425

City	State	Zip Code
Roswell	GA	30077

Purpose of Disbursement

Candidate Name

**Rep. Tom E. Price**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: GA District: 06

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2015

**Transaction ID : BE22FA9996D3B414D9F0**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Castor for Congress**

Mailing Address 301 W Platt Street, #385

City	State	Zip Code
Tampa	FL	33606

Purpose of Disbursement

Candidate Name

**Rep. Kathy A. Castor**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 14

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2015

**Transaction ID : BCB92702573B144DCBF3**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00
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24500.00
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